| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|--|-------------|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Robert First name L Middle name Solwold Last name and Suffix (Sr., Jr., II, III) | - - - | Amanda First name J Middle name Solwold Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4478 | | xxx-xx-0716 |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ☐ I have not used any business name or EINs. FDBA Sleephead Mattress By Appointment FDBA US Mattress/Beacon Retail FDBA Robert L. Solwold Agency LLC FDBA RLS1 Property Holdings LLC | ■ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | OFOO Win you Parinta Pul | If Debtor 2 lives at a different address: | | | |
| | | 6599 Kings Pointe Rd. Grand Blanc, MI 48439 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | Genesee | | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| Debtor 2 Amanda J Solwold Amanda J Solwold | | | | | | Case number (if known) | | | |
|---|--|----------|------------------------------------|---|---|--|--|--|--|
| Par | rt 2: Tell the Court About | our Ban | kruntev C | ase | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check o | ne. (For a | | | y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy | | | |
| | choosing to file under | ☐ Chap | // | , go to the top of page . o | a onoon are approprie | | | | |
| | | ☐ Char | | | | | | | |
| | | ☐ Chap | ' | | | | | | |
| | | | oter 13 | | | | | | |
| | | _ 0.10 | 7.01 10 | | | | | | |
| 8. | How you will pay the fee | at or | out how yo | ou may pay. Typically, if y rattorney is submitting yo | ou are paying the fee y | cck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with | | | |
| | | | | y the fee in installments ee in Installments (Official | | tion, sign and attach the Application for Individuals to Pay | | | |
| | | □ Ir | request that ut is not rec | at my fee be waived (You | u may request this option | on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that | | | |
| | | ar th | oplies to yo e <i>Applicati</i> | our family size and you are on to Have the Chapter 7 | e unable to pay the fee Filing Fee Waived (Off | in installments). If you choose this option, you must fill out ficial Form 103B) and file it with your petition. | | | |
| 9. | Have you filed for | ■ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | | | |
| | • | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | | ■ No. | Go to | line 12. | | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtained an e | eviction judgment agair | nst you and do you want to stay in your residence? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial State</i> bankruptcy petition. | ment About an Eviction | a Judgment Against You (Form 101A) and file it with this | | | |
| | | | | | | | | | |

| | tor 1 Robert L Solwold tor 2 Amanda J Solwold | d | | | Case number (if known) | | |
|------|---|--------------------|---|---|---|--|--|
| Part | Report About Any Bu | ısinesses | You Owi | n as a Sole Proprie | etor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of bus | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numl | per, Street, City, Sta | tte & ZIP Code | | |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Rea | I Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate ines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement or tions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure J.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | l am | not filing under Char | pter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am | filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | / Hazard | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is , why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | | |
| | • | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb Deb | tor 1 Robert L Solwold tor 2 Amanda J Solwol | d | | | Case numbe | 「 (if known) | | |
|------------|---|--|--|--|---------------------------------------|--|--|--|
| Part | 6: Answer These Questi | ions for R | Reporting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily be money for a business or inve | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you o | we that are not consur | ner debts or busines | s debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expensare paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses | | □ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-1 ☐ 200-9 | 199 | □ 5001-10,000 □ 10,001-25,00 | | ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | How much do you ☐ \$0 - | | \$50,000 | □ \$1,000,001 - | - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 001 - \$100,000 | \$10,000,001 | | □ \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | □ \$50,000,001 □ \$100,000,00 | - \$100 million 11 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ | | <u> </u> | | ☐ \$500,000,001 - \$1 billion | | |
| | to be? | | 001 - \$100,000 ,001 - \$500,000 | □ \$10,000,001 □ \$50,000,001 | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | · | | _ | | 11 - \$500 million | ☐ More than \$50 billion | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have ex | xamined this petition, and I dec | clare under penalty of p | erjury that the inforn | nation provided is true and correct. | | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7. | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I reques | request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | bankrupt and 357 | tcy case can result in fines up | | nment for up to 20 y | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519 | | |
| | | | ert L Solwold L Solwold | | /s/ Amanda J Solw | | | |
| | | | e of Debtor 1 | | Signature of Debtor | | | |

Executed on September 18, 2017

MM / DD / YYYY

Debtor 1 Robert L Solwold
Debtor 2 Amanda J Solwold Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Troy D. Green | Date | September 18, 2017 |
|--|---------------|------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Troy D. Green | | |
| Printed name | | |
| Law Office of Troy D. Green PLLC | | |
| Firm name | | |
| 2290 E. Hill Rd., Suite 105 | | |
| Grand Blanc, MI 48439 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (810) 730-5125 | Email address | troy@attorneygreen.com |
| P73151 | | |
| Bar number & State | | |

| Fill in | this inform | nation to identify your case: | | |
|-----------------|------------------------------|---|--------------|--------------------------|
| Debto | | Robert L Solwold | | |
| 5.1. | | First Name Middle Name Last Name | | |
| Debto (Spous | or 2 e if, filing) | Amanda J Solwold First Name Middle Name Last Name | | |
| Unite | d States Ba | nkruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | |
| | | | | |
| (if know | number _{/n)} | | _ | k if this is an |
| | | | | g |
| Offi | cial Fo | rm 106Sum | | |
| | | of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| nform | nation. Fill original for | and accurate as possible. If two married people are filing together, both are equally responsible to out all of your schedules first; then complete the information on this form. If you are filing amend ms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| | | | Your a | ISSATS |
| | | | | of what you own |
| | | VB: Property (Official Form 106A/B) e 55, Total real estate, from Schedule A/B | \$ | 350,000.00 |
| | 1b. Copy lin | e 62, Total personal property, from Schedule A/B | \$ | 30,900.00 |
| | 1c. Copy lin | e 63, Total of all property on Schedule A/B | \$ | 380,900.00 |
| Part 2 | 2: Summ | arize Your Liabilities | | |
| | | | | iabilities nt you owe |
| | | : Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 297,432.00 |
| | | /F: Creditors Who Have Unsecured Claims (Official Form 106E/F) le total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 15,702.01 |
| ; | 3b. Copy th | ne total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 237,142.80 |
| | | Your total liabilities | \$ | 550,276.81 |
| Part 3 | 3: Summ | arize Your Income and Expenses | | |
| | | Your Income (Official Form 106I) combined monthly income from line 12 of Schedule I | \$ | 6,051.21 |
| | | Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J | \$ | 3,636.58 |
| Part 4 | : Answe | er These Questions for Administrative and Statistical Records | | |
| 6. <i>i</i> | - | ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this form to the court with yo | our other sc | hedules. |
| 7. \ | Yes What kind | of debt do you have? | | |
| i | Your | lebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for nold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

| Debtor 1 | Robert L Solwold |
|----------|------------------|
| Debtor 2 | Amanda J Solwold |

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| 0.00 |
|------|
| |

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 15,702.01 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 15,702.01 |

| Fill | in this inforn | nation to identify | your case and th | nis filin | g: | | | | | | |
|-----------|--|---|---|------------|-------------------------------|--|----------------|-------------------------------------|-------------------|--------|--|
| Deb | otor 1 | Robert L So | | | | | | | | | |
| | | First Name | | e Name | | Last Name | | | | | |
| | otor 2 use, if filing) | Amanda J S | | e Name | | Last Name | | | | | |
| | | | | | 107.05.4101 | | | | | | |
| Unit | ied States Bai | nkruptcy Court for | the: EASTERN | DISTR | ICT OF MICE | HIGAN | | | | | |
| Cas | e number _ | | | | | | | | | | Check if this is an amended filing |
| n eachink | chedule ch category, se it fits best. Be | e as complete and a e space is needed, | _ | le. If two | married peop | ple are filing togeth | er, both are | equally res | ponsible for su | ıpplyi | ng correct |
| _ | | nave any legal or eq | uilding, Land, or Ot uitable interest in a | | | | | | | | |
| 1.1 | Yes. Where is | s the property? s Pointe Rd. | | Wha | it is the prope | rty? Check all that app y home | oly | Do not de | duct secured cla | aims o | or exemptions. Put |
| | Street address, i | if available, or other des | ecription | | Condominiu | nulti-unit building | | | | | ms on Schedule D: cured by Property. |
| | Grand Bla | nc MI | 48439-0000 | | | ed or mobile home | | | alue of the | | rrent value of the |
| | City | State | ZIP Code | | • | proporty | | entire pro | 225.000.00 | por | rtion you own? \$225,000.00 |
| | Oily | State | Zii Gode | | Timeshare Other has an intere | est in the property? | Check one | Describe (such as a life esta | the nature of y | ancy | wnership interest by the entireties, or |
| | Genesee | | | | • | • | | | | | |
| | County | | | | Debtor 1 and | d Debtor 2 only of the debtors and a | another | | ck if this is com | nmuni | ity property |
| | | | | | | you wish to add al ation number: | bout this iten | n, such as l | ocal | | |

| ı | f you own or ha | ve more | than one, list h | nere: | | |
|--|--|--|--|---|---|---|
| 2 | | | | What is the property? Check all that apply | | |
| | 4504 American Heritage Rd. Street address, if available, or other description | | | Single-family home | Do not deduct secured cl | |
| | treet address, ii avallable | e, or other des | scription | Duplex or multi-unit building | the amount of any secure Creditors Who Have Clair | |
| | | | | Condominium or cooperative | | |
| | | | | | | |
| (| Frand Blanc | MI | 48439-0000 | ☐ Land | Current value of the entire property? | Current value of the portion you own? |
| _ | ity | State | ZIP Code | ☐ Investment property | \$125,000.00 | \$125,000.0 |
| | | | | ☐ Timeshare | Describe the nature of y | our ownership interest |
| | | | | Other | (such as fee simple, ten | ancy by the entireties, o |
| | | | | Who has an interest in the property? Check one | a life estate), if known. | • |
| | _ | | | ☐ Debtor 1 only | Tenancy by Entire | ties |
| _ | Senesee | | | Debtor 2 only | | |
| (| county | | | Debtor 1 and Debtor 2 only | ☐ Check if this is con | nmunity property |
| | | | | At least one of the debtors and another | (see instructions) | 71 11 7 |
| | | | | Other information you wish to add about this ite property identification number: | em, such as local | |
| | | | | property identification number: | | |
| ра 2 | Describe Your Ve | hicles | Part 1. Write that | rest in any vehicles, whether they are register | red or not? Include any v | \$350,000.00 ehicles you own that |
| pa 2 o ec | Describe Your Ve u own, lease, or hane else drives. If your s, vans, trucks, tr | hicles ave legal ou lease a | or equitable intervehicle, also repo | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ur | red or not? Include any v | |
| pa o ecal | Describe Your Ve u own, lease, or hane else drives. If you s, vans, trucks, tr | hicles ave legal ou lease a | or equitable intervehicle, also repo | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ur | red or not? Include any v | |
| pa o ecal | Describe Your Ve u own, lease, or hane else drives. If you s, vans, trucks, tr | ached for hicles ave legal ou lease a actors, sp | or equitable intervenicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ur | red or not? Include any vinexpired Leases. | ehicles you own that |
| o al | Describe Your Ve Describe Your Ve Lown, lease, or hane else drives. If you s, vans, trucks, trucks, trucks | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ur es, motorcycles | red or not? Include any venexpired Leases. Do not deduct secured content the amount of any secure. | ehicles you own that |
| o al | Describe Your Ve Lown, lease, or have else drives. If your s, vans, trucks, trucks, trucks Make: Lincoln | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ures, motorcycles The has an interest in the property? Check one | po not deduct secured control the amount of any secure Creditors Who Have Class | ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| pa 2 au | Describe Your Very own, lease, or handle in the lease drives. If your very own, lease, or handle in the lease drives, trucks, trucks, trucks, trucks. Lincoln MKT | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ures, motorcycles | red or not? Include any venexpired Leases. Do not deduct secured content the amount of any secure. | ehicles you own that laims or exemptions. Put ed claims on Schedule D: |
| o al | Describe Your Verification De | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ures, motorcycles //ho has an interest in the property? Check one Debtor 1 only Debtor 2 only | po not deduct secured of the amount of any secure Creditors Who Have Clar | ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| o al | Describe Your Verification De | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ures, motorcycles Tho has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | po not deduct secured of the amount of any secure Creditors Who Have Clar | ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| pa 2 70 ecc au | Describe Your Verification De | ached for hicles ave legal bu lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Ures, motorcycles Tho has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property | Do not deduct secured cithe amount of any secure Creditors Who Have Clast Current value of the entire property? \$16,000.00 | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.00 |
| pa eccal all | Describe Your Verification of the else drives. If your verification of the else drives, trucks, trucks, trucks, trucks, trucks. Make: Lincoln MKT Year: 2012 Approximate mileage Other information: | ached for hicles ave legal bu lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Univers, motorcycles The has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$16,000.00 | ehicles you own that laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| pa 2 70 ecc au | Describe Your Verification of the else drives. If your verification of the else drives, trucks, trucks, trucks, trucks, trucks. Make: Lincoln MKT Year: 2012 Approximate mileage Other information: | ached for hicles ave legal bu lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Univers, motorcycles Tho has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Tho has an interest in the property? Check one Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Clarential Property? \$16,000.00 Do not deduct secured of the entire property? | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.00 |
| po eccanical in the second sec | Describe Your Verification of the else drives. If your verification of the else drives, trucks, trucks | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Unites, motorcycles The has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property? \$16,000.00 | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.00 |
| 2 O O O O O O O O O O O O O O O O O O O | Describe Your Verification of the else drives. If your verification of the else drives, trucks, trucks | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and Univers, motorcycles Tho has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Tho has an interest in the property? Check one Debtor 1 only | Do not deduct secured continuous the amount of any secure Creditors Who Have Class Current value of the entire property? \$16,000.00 Do not deduct secured continuous the amount of any secure Creditors Who Have Class Current value of the C | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.00 |
| po eccanical in the second sec | Describe Your Verification of the else drives. If your verification of the else drives are described in the else drives. If your verification of the else drives are drived in the else drives. If your verification of the else drives are drived in the else drives. If your verification of the else drives. If your verification of the else drives are drived in the else drives. If your verification of the else drives are drived in the else drives. If your verification of the else drives are drives are drived in the else drives. If your verification of the else drives are drived in the else drive | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and University of the search of the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only | Do not deduct secured cithe amount of any secure Creditors Who Have Clar \$\frac{1}{2}\$\$ \$16,000.00\$ Do not deduct secured cithe amount of any secure entire property? \$16,000.00 Do not deduct secured cithe amount of any secure Creditors Who Have Clar Current value of the entire property? | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| rt 2 yo nec | Describe Your Verence land own, lease, or have else drives. If your verence land own, lease, or have else drives. If your verence land own, lease, or have else drives. If your verence land own, lease, or have else drives. If your lease was a common lease own, lease, or have else drives. If your lease was a common lease own, lease, or have l | ached for hicles ave legal ou lease a actors, sp | or equitable intervehicle, also report utility vehicle | rest in any vehicles, whether they are register ort it on Schedule G: Executory Contracts and University of the search of the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) The has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only | Do not deduct secured continuous the amount of any secure Creditors Who Have Class Current value of the entire property? \$16,000.00 Do not deduct secured continuous the amount of any secure Creditors Who Have Class Current value of the C | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$16,000.0 |

| Debtor Debtor | | Case number (if known) |
|------------------------|--|---|
| 4. Wate Exam | craft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, personal watercraft, personal watercraft, fishing vessels, personal watercraft, perso | hicles, and accessories otorcycle accessories |
| ■ No | | |
| □ Ye | | |
| | | |
| | the dollar value of the portion you own for all of your entries from Part 2, incl s you have attached for Part 2. Write that number here | |
| | Describe Your Personal and Household Items | |
| | own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exa. | | |
| ■ Y | s. Describe | |
| | Miscellaneous household goods, furniture, & appli | liances \$7,000.00 |
| | aples: Televisions and radios; audio, video, stereo, and digital equipment; compute including cell phones, cameras, media players, games | ers, printers, scanners; music collections; electronic devices |
| ■ N □ Y | s. Describe | |
| Exa | ctibles of value apples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other collections, memorabilia, collectibles | or other art objects; stamp, coin, or baseball card collections; |
| ■ N □ Y | s. Describe | |
| Exa. | ment for sports and hobbies nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool ta musical instruments | tables, golf clubs, skis; canoes and kayaks; carpentry tools; |
| ■ N | s. Describe | |
| _ | mples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| □ N ■ Y | s. Describe | |
| | .38 revolver | \$250.00 |
| 44 01- | | - |
| □N | mples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| _ ' | | \$000.00 |
| | Miscellaneous clothing | \$600.00 |
| 12. Jev | elry | |
| <i>Ex</i> . □ N | mples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlo | rloom jewelry, watches, gems, gold, silver |
| ■ Y | s. Describe | |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 2 | Amanda J S | Solwold | | Case number (if kn | own) |
|--|---------------------------------------|-------------|--|--|---|
| | | Wedd | ing rings & costume j | ewelry | \$3,000.00 |
| Examp | rm animals bles: Dogs, cats, Describe | birds, ho | rses | | |
| | | Pets - | dog & 2 cats | | \$0.00 |
| ■ No | her personal ar | | | lready list, including any health aids you did not li | st |
| | | | | including any entries for pages you have attached | \$10,850.00 |
| Part 4: Des | scribe Your Finar | ncial Asset | ts | | |
| | | | equitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examp | | | | certificates of deposit; shares in credit unions, broker the same institution, list each. Institution name: | age houses, and other similar |
| | | 17.1. | business checking | Huntington Bank | \$0.00 |
| | | 17.2. | checking & savings | ELGA Credit Union | \$0.00 |
| | | 17.3. | checking & savings | Genisys Credit Union | \$0.00 |
| | | 17.4. | checking & savings | Farmers Insurance FCU | \$0.00 |
| | | 17.5. | checking | Capital One | \$50.00 |
| Examp | | | cly traded stocks ent accounts with brokera | ge firms, money market accounts | |
| ■ No □ Yes | | | Institution or issuer name | : | |
| 19. Non-p u joint v □ No | | tock and | interests in incorporate | d and unincorporated businesses, including an in | erest in an LLC, partnership, an |

Official Form 106A/B Schedule A/B: Property page 4

| Debt Debt | | Robert L So Amanda J S | | | Case number (if k | anown) |
|----------------------|-------------------------------|---|---|--|----------------------------------|---|
| | Yes. | Give specific in | nformation about them Name of entity: | | % of ownership: | |
| | | | Debtor's Business | Interests: | | |
| | | | Robert L. Solwold Office furniture, su | Agency LLC: upplies, etc.: \$4,000 | | |
| | | | RLS1 Property Ho | Idings LLC: no assets | 100 | % \$4,000.00 |
| | Negoti Non-n No | iable instrument egotiable instrui | s include personal checks, ca | gotiable and non-negotiable ashiers' checks, promissory no ransfer to someone by signing | otes, and money orders. | |
| | Examp No | ment or pension poles: Interests in List each account | n accounts IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings account Institution name: | s, or other pension or profit-sh | naring plans |
| _ | Your s <i>Exam</i> µ No | | ed deposits you have made s | so that you may continue serv t, public utilities (electric, gas, Institution name or in | water), telecommunications of | ompanies, or others |
| | | | for a periodic payment of mo | ney to you, either for life or for | a number of years) | |
| | No | | ssuer name and description. | , 10 ,00, 00 | a names or years, | |
| 24. I n 20 | nteres 6 U.S. I No | ts in an educat C. §§ 530(b)(1), | ion IRA, in an account in a 529A(b), and 529(b)(1). | qualified ABLE program, or on. Separately file the records | | |
| | | | uture interests in property (| (other than anything listed in | ı line 1), and rights or powe | ers exercisable for your benefit |
| | No | | oformation about them | , , , | , , | · |
| • | Examp No | ples: Internet do | , | and other intellectual proper eeds from royalties and licensi | • | |
| | Examp No | ples: Building pe | and other general intangibermits, exclusive licenses, coordination about them | oles operative association holdings | , liquor licenses, professional | licenses |
| Mon | ey or | property owed | to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | No | funds owed to | | ing whether you already filed t | he returns and the tax years | |

Official Form 106A/B Schedule A/B: Property page 5

| | ebtor 1 ebtor 2 | Amanda J Solw | | Case number (if known) | |
|-----|--------------------------|--|--|--|------------------------|
| 29. | | support | | | |
| | Examp ■ No | oles: Past due or lum | p sum alimony, spousal support, child support, maint | enance, divorce settlement, property s | ettlement |
| | | Give specific informa | ation | | |
| | | | | | |
| 30. | | | owes you disability insurance payments, disability benefits, sick I loans you made to someone else | pay, vacation pay, workers' compens | ation, Social Security |
| | ■ No □ Yes | Give specific informa | ation | | |
| | | | | | |
| | | ts in insurance poli bles: Health, disability | r, or life insurance; health savings account (HSA); cre | dit, homeowner's, or renter's insuranc | е |
| | Yes. | Name the insurance | company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund |
| | | | Company hame. | Deficially. | value: |
| | | | State Farm - term life insurance policy (no cash value) | Spouse | \$0.00 |
| | | | The cash value) | | |
| | | | Farmers Insurance - term life insurance policy (no cash value) | Spouse | \$0.00 |
| 33. | Claims Examp ■ No □ Yes. | ples: Accidents, emploses: Describe each claim | es, whether or not you have filed a lawsuit or mad oyment disputes, insurance claims, or rights to sue | | set off claims |
| | ■ No □ Yes. | Describe each claim | · | | |
| 35. | | ancial assets you d | | | |
| | ■ No □ Yes. | Give specific informa | ation | | |
| 36 | | | II of your entries from Part 4, including any entrie | | \$4,050.00 |
| Pa | rt 5: Des | scribe Any Business-F | Related Property You Own or Have an Interest In. List an | y real estate in Part 1. | |
| 37. | Do you o | own or have any legal | or equitable interest in any business-related property? | | |
| I | No. Go | to Part 6. | | | |
| [| ☐ Yes. G | so to line 38. | | | |
| Pa | | | Commercial Fishing-Related Property You Own or Have est in farmland, list it in Part 1. | an Interest In. | |
| 46. | | own or have any le | egal or equitable interest in any farm- or commerc | ial fishing-related property? | |
| | ☐ Yes. | Go to line 47. | | | |
| Off | icial Forn | n 106A/B | Schedule A/B: Property | | page 6 |

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

NI₀

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

| Part | 8: List the Totals of Each Part of this Form | | | | |
|------|---|---|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | | \$350,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$16,000.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | | \$10,850.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$4,050.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$30,900.00 | Copy personal property total | \$30,900.00 |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$380,900.00

| -#II | Lin this inform | nation to identify your o | 2260 | | | |
|--------------------------|--|--|--|-------------------------|--|---|
| | | | Case: | | | |
| De | btor 1 | Robert L Solwold First Name | Middle Name | L | ast Name | |
| | btor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | L | ast Name | |
| Un | ited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF MI | CHIG | SAN | |
| | se number _ | | | | | |
| (if k | nown) | | | | | ☐ Check if this is an amended filing |
| \bigcap f | fficial Fo | rm 106C | | | | |
| | | | an anti i Vali Cla | ! | aa Evanant | |
| <u> </u> | chedui | e C: The Pro | pperty You Cla | ım | as Exempt | 4/16 |
| the nee | property you li | sted on <i>Schedule A/B: P</i> d attach to this page as r | Property (Official Form 106A/B) | as yo | our source, list the property that you | or supplying correct information. Using a claim as exempt. If more space is additional pages, write your name and |
| spe any fun exe | cific dollar an applicable st ds—may be u mption to a p | nount as exempt. Alteri catutory limit. Some exe nlimited in dollar amou | natively, you may claim the f emptions—such as those for int. However, if you claim an | ull fai heal exen | ir market value of the property be th aids, rights to receive certain I nption of 100% of fair market valu | One way of doing so is to state a eing exempted up to the amount of penefits, and tax-exempt retirement ue under a law that limits the t, your exemption would be limited |
| Pa | rt 1: Identif | y the Property You Cla | im as Exempt | | | |
| 1. | Which set of | exemptions are you cl | aiming? Check one only, ever | n if yo | our spouse is filing with you. | |
| | You are cla | aiming state and federal | nonbankruptcy exemptions. 1 | 11 U.S | S.C. & 522(b)(3) | |
| | _ | - | ns. 11 U.S.C. § 522(b)(2) | | 3 ==(=)(=) | |
| 2 | | | | mnt | fill in the information below. | |
| ۷. | | on of the property and line | • | | ount of the exemption you claim | Specific laws that allow exemption |
| | | that lists this property | portion you own | AIII | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| De | btor 1 Exem | nptions | | | | |
| | | Pointe Rd. Grand Bl | lanc, \$225,000.00 | | \$38,225.00 | Mich. Comp. Laws § |
| | | Genesee County hedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 600.5451(1)(m) |
| | | ous household good appliances | s, \$7,000.00 | | \$3,500.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | | nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | , , , , , , , , , , , , , , , , , , , |
| | | ous clothing | \$600.00 | | \$300.00 | Mich. Comp. Laws § 600.5451(1)(a)(iii) |
| | | | | | 100% of fair market value, up to any applicable statutory limit | , |
| | | ngs & costume jewe | lry \$3,000.00 | | \$325.00 | Mich. Comp. Laws § 600.5451(1)(c) |
| | Line nom ou | iodulo / v D. Tari | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | | nption of more than \$160,379 devery 3 years after that for ca | | led on or after the date of adjustme | nt.) |
| | ☐ Yes. Did | you acquire the property | y covered by the exemption wi | thin 1 | ,215 days before you filed this case | ? |

□ No Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

| Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--------------------------------------|--|------------------------------------|
| Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | | |

☐ Yes

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-------------|--------------------------------------|
| Debtor 1 | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Amanda J Solwo | ld | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT (| OF MICHIGAN | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as | Exemp |)t |
|---------|------------------------------------|-------|----|
| | | | |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | | |
|----|--|--------------------------------------|--------|---|--|--|--|--|--|--|
| | ■ You are claiming state and federal nonban | kruptcy exemptions. 1 | 11 U.S | S.C. § 522(b)(3) | | | | | | |
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | |
| De | ebtor 2 Exemptions 6599 Kings Pointe Rd. Grand Blanc, | \$225,000.00 | _ | \$35,983.00 | Mich. Comp. Laws § | | | | | |
| | II 48439 Genesee County | ΨΖΖ3,000.00 | = | | 600.5451(1)(m) | | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Miscellaneous household goods, furniture, & appliances | \$7,000.00 | | \$3,500.00 | Mich. Comp. Laws § 600.5451(1)(c) | | | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Miscellaneous clothing | \$600.00 | | \$300.00 | Mich. Comp. Laws § 600.5451(1)(a)(iii) | | | | | |
| | Zino nom osmodalo / v.B. TTTT | | | 100% of fair market value, up to any applicable statutory limit | 555.545 I(1)(a)(iii) | | | | | |
| | Wedding rings & costume jewelry Line from Schedule A/B: 12.1 | \$3,000.00 | | \$325.00 | Mich. Comp. Laws § 600.5451(1)(c) | | | | | |
| | Line from Gonedule FAD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

| | | | iption of the property and line on /B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----|-------|---------|---|---|---|------------------------------------|
| | | | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| 3 | Δre v | vou c | laiming a homestead exemption of | of more than \$160 375 | ? | |
| ٥. | | • | • | . , | | |
| | (Sub | ject to | adjustment on 4/01/19 and every 3 | s years after that for cas | ses filed on or after the date of adjustmen | t.) |
| | ` | | • | • | • | , |
| | | No | | | | |
| | _ | | - | | | |
| | ш | Yes. | Did you acquire the property covere | d by the exemption with | nin 1,215 days before you filed this case? | , |
| | | _ | | | | |
| | | Ш | No | | | |
| | | _ | | | | |
| | | | Yes | | | |
| | | _ | | | | |

| Fill in this informat | ion to identify you | r case: | | | |
|--------------------------------------|----------------------|--|--------------------------------------|-------------------------------|----------------------|
| | Robert L Solwol | d Middle Name Last Name | | - | |
| | Amanda J Solwo | DId Middle Name Last Name | | | |
| United States Bankr | uptcy Court for the: | EASTERN DISTRICT OF MICHIGAN | | | |
| C | | | | • | |
| Case number (if known) | | | | ☐ Check | if this is an |
| | | | | amend | ded filing |
| Official Form 1 | 106D | | | | |
| | | Who Have Claims Secur | ed by Propert | V | 12/15 |
| | | | | | |
| | | f two married people are filing together, both are out, number the entries, and attach it to this form | | | |
| 1. Do any creditors have | ve claims secured by | your property? | | | |
| ☐ No. Check thi | is box and submit th | is form to the court with your other schedules | . You have nothing else t | o report on this form. | |
| Yes. Fill in all | of the information b | pelow. | | | |
| Part 1: List All S | ecured Claims | | 0.1 | 0.4 | 0.1 |
| | | nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2. A | | Column B Value of collateral | Column C Unsecured |
| | | cal order according to the creditor's name. | Do not deduct the | that supports this | portion |
| 2.1 Citimortgage | e Inc. | Describe the property that secures the claim: | value of collateral. \$150,792.00 | claim \$225,000.00 | If any \$0.00 |
| Creditor's Name | | 6599 Kings Pointe Rd. Grand Blanc, MI 48439 Genesee County | | | |
| PO Box 6243 | 3 | As of the date you file, the claim is: Check all that | | | |
| Sioux Falls, | | apply. Contingent | | | |
| Number, Street, City | y, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? | Chark and | Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | r Check one. | ☐ An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | | car loan) | Coodiou | | |
| ■ Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| At least one of the o | | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim community debt | relates to a | Other (including a right to offset) | rtgage | | |
| Date debt was incurre | od 2010 | Last 4 digits of account number 221 | 2 | | |
| Date debt was incurre | 2010 | ZZ I | <u> </u> | | |
| 2.2 Citimortgage | e Inc. | Describe the property that secures the claim: | \$98,342.00 | \$125,000.00 | \$0.00 |
| Creditor's Name | | 4504 American Heritage Rd. Grand Blanc, MI 48439 Genesee County | | | |
| PO Box 6243 | 3 | As of the date you file, the claim is: Check all that | | | |
| Sioux Falls, | = | apply. Contingent | | | |
| Number, Street, City | y, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? | Check one | Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | OHECK UHE. | ☐ An agreement you made (such as mortgage or | secured | | |
| Debtor 2 only | | car loan) | | | |
| ■ Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien |) | | |
| At least one of the o | | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim community debt | relates to a | Other (including a right to offset) First Mo | ortgage | | |
| Date debt was incurre | ad 2012 | Last 4 digits of account number 220 | 14 | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 Robert L Solwold First Name Middle Na | ame Last Name | Case number (if know) | | |
|--|--|--------------------------|--------------|------------|
| Debtor 2 Amanda J Solwold | ame Last Name | | | |
| First Name Middle Na | ame Last Name | | | |
| 2.3 ELGA Credit Union | Describe the property that secures the claim: | \$26,885.00 | \$125,000.00 | \$227.00 |
| Creditor's Name | 4504 American Heritage Rd. Grand Blanc, MI 48439 Genesee County | | | |
| 2305 S Center Rd. Burton, MI 48519 | As of the date you file, the claim is: Check all that apply. □ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Second N | lortgage | | |
| Date debt was incurred 2007 | Last 4 digits of account number 3435 | | | |
| 2.4 Lincoln Financial | Describe the property that secures the claim: | \$21,413.00 | \$16,000.00 | \$5,413.00 |
| Creditor's Name | 2012 Lincoln MKT 50,000 miles | | | |
| 1 The American Rd. Mail Drop 7340 | As of the date you file, the claim is: Check all that apply. | | | |
| Dearborn, MI 48126 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or s car loan) | ecured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Automob | ile Loan | | |
| Date debt was incurred 2016 | Last 4 digits of account number 5380 | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$297,432. | 00 | |
| If this is the last page of your form, add Write that number here: | | \$297,432. \$297,432. | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in t | his information to identify your c | ase: | | | | | |
|-------------------------------------|--|---|---|----------------------------|---|--|-----------------------------|
| Debtor | = | | | | | | |
| | First Name | Middle Name | Last Name |) | | | |
| Debtor | 7 IIII all au G G G III G II | | | | | | |
| (Spouse if | f, filing) First Name | Middle Name | Last Name | • | | | |
| United | States Bankruptcy Court for the: | EASTERN DISTRI | CT OF MICHIGAN | | | | |
| Case no (if known) | | | | | | | if this is an ed filing |
| Sche | al Form 106E/F dule E/F: Creditors W mplete and accurate as possible. Use | | | | r creditors with NON | PRIORITY claims. Li | 12/15 st the other party to |
| Schedule Schedule left. Attac | utory contracts or unexpired leases to G: Executory Contracts and Unexpire D: Creditors Who Have Claims Secuch the Continuation Page to this paged case number (if known). | red Leases (Official F red by Property. If m | orm 106G). Do not inclu ore space is needed, co | de any cree py the Part | ditors with partially s you need, fill it out, | secured claims that a number the entries in | re listed in |
| Part 1: | List All of Your PRIORITY Uns | secured Claims | | | | | |
| 1. Do a | any creditors have priority unsecured | claims against you? | | | | | |
| | No. Go to Part 2. | | | | | | |
| . | | | | | | | |
| 2. List iden poss | all of your priority unsecured claims tify what type of claim it is. If a claim has sible, list the claims in alphabetical order 1. If more than one creditor holds a par | s both priority and nong according to the cred | priority amounts, list that o itor's name. If you have m | laim here ar | nd show both priority a | and nonpriority amount | ts. As much as |
| | an explanation of each type of claim, se | | | hooklet) | | | |
| (1 01 | an explanation of each type of oldini, of | | | bookiet.) | Total claim | Priority amount | Nonpriority amount |
| | | | | Same | | | |
| 2.1 | Internal Revenue Service Priority Creditor's Name | Last 4 di | gits of account number | as SSN | \$9,702.01 | \$9,702.01 | \$0.00 |
| | Centralized Insolvency Oper PO Box 7346 | ation When wa | s the debt incurred? | 2015 | | - | |
| | Philadelphia, PA 19101 Number Street City State Zlp Code | As of the | date you file, the claim | is: Check a | II that apply | | |
| | no incurred the debt? Check one. | ☐ Contin | • | io. onook a | ii tilat apply | | |
| | Debtor 1 only | ☐ Unliqu | iidated | | | | |
| | Debtor 2 only | ☐ Dispu | ted | | | | |
| | Debtor 1 and Debtor 2 only | • | PRIORITY unsecured cla | im: | | | |
| | At least one of the debtors and another | | stic support obligations | | | | |
| П | Check if this claim is for a commun | itv debt Taxes | and certain other debts y | ou owe the | aovernment | | |
| | the claim subject to offset? | • | s for death or personal inj | | • | | |
| _ | No | ☐ Other. | • | , - ,- | | | |
| | Yes | L Other. | individual | income t | ax | | |

| r 2 Amanda J Solwold | | Case num | | | |
|---|--|---|---|---|--|
| State of Michigan | Look & divite of account mountain | Same | \$6,000.00 | \$6,000.00 | \$0. |
| Priority Creditor's Name | Last 4 digits of account number | as SSN | Ψ0,000.00 | Ψ0,000.00 | Ψ0. |
| Dept. of Treasury Collection Division PO Box 30199 | When was the debt incurred? | 2015 & 201 | 6 | | |
| Lansing, MI 48909 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all th: | at apply | | |
| Who incurred the debt? Check one. | Contingent | is. Oneon all the | ат аррту | | |
| Debtor 1 only | ☐ Unliquidated | | | | |
| Debtor 2 only | ' | | | | |
| , - | Disputed | · | | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | ım: | | | |
| At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| Check if this claim is for a community debt | Taxes and certain other debts y | ŭ | | | |
| the claim subject to offset? | Claims for death or personal inj | ury while you we | ere intoxicated | | |
| No | Other. Specify | | | | |
| Yes | sales tax | | | | |
| List All of Your NONPRIORITY Unsecute any creditors have nonpriority unsecured claim. No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the | this form to the court with your other sealphabetical order of the creditor | who holds eacl | | | |
| o any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when | who holds eacl | it is. Do not list claims | s already included in as fill out the Continu | n Part 1. If more |
| any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each contain one creditor holds a particular claim, list the other to 2. | this form to the court with your other sealphabetical order of the creditor sealm. For each claim listed, identify what creditors in Part 3.If you have more to | who holds eacl at type of claim han three nonpr | it is. Do not list claims | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| vany creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. Stall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify when | who holds eacl at type of claim han three nonpr | it is. Do not list claims | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| vany creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. Stall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other tt 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 | this form to the court with your other set alphabetical order of the creditor set alaim. For each claim listed, identify what creditors in Part 3.If you have more to the creditors of account numbers. Last 4 digits of account numbers. | who holds eacl lat type of claim han three nonpr er 7131 2015 | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other rt 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State ZIp Code | this form to the court with your other sealphabetical order of the creditor sealing. For each claim listed, identify what creditors in Part 3.If you have more to the creditors are the creditors of account numbers. | who holds eacl lat type of claim han three nonpr er 7131 2015 | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| No. You have nothing to report in this part. Submit Yes. Set all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other to 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to be also a count number of the creditors when was the debt incurred? As of the date you file, the claim is against the count of the count number of the count of the coun | who holds eacl lat type of claim han three nonpr er 7131 2015 | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. | this form to the court with your other set alphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to the Last 4 digits of account number. When was the debt incurred? As of the date you file, the claim count in the claim contingent. | who holds eacl lat type of claim han three nonpr er 7131 2015 | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other it 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only | this form to the court with your other stands against you? this form to the court with your other stands are alphabetical order of the creditor stands. For each claim listed, identify what creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditor | who holds eacl lat type of claim han three nonpr er 7131 2015 | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other stands against you? this form to the court with your other stands are alphabetical order of the creditor stands. For each claim listed, identify what creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditor | who holds eacl lat type of claim han three nonpr er 7131 2015 im is: Check all | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another | this form to the court with your other sealphabetical order of the creditor laim. For each claim listed, identify what creditors in Part 3.If you have more to Last 4 digits of account numb. When was the debt incurred? As of the date you file, the cla Contingent Unliquidated Disputed Type of NONPRIORITY unsections. | who holds eacl lat type of claim han three nonpr er 7131 2015 im is: Check all | it is. Do not list claims iority unsecured claim | s already included in as fill out the Continu | n Part 1. If more uation Page of claim |
| any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other to 2. AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | this form to the court with your other stands against you? this form to the court with your other stands are alphabetical order of the creditor stands. For each claim listed, identify what creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditor | who holds each lat type of claim han three nonpr er 7131 2015 lim is: Check all ured claim: | it is. Do not list claims iority unsecured claims that apply | s already included in s fill out the Continu Total | n Part 1. If more uation Page of claim |
| AT&T Nonpriority Creditor's Name PO Box 5014 Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt No. You have nothing to report in this part. Submit PYes. Stall of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other and the care of the debtor sand another Check if this claim is for a community debt | this form to the court with your other standards against you? this form to the court with your other standards against you? alaim. For each claim listed, identify what creditors in Part 3.If you have more to reditors in Part 3.If you have more to when was the debt incurred? As of the date you file, the claim continued con | who holds each at type of claim han three nonpr er 7131 2015 im is: Check all ured claim: eparation agree | it is. Do not list claims iority unsecured claims that apply that apply | s already included in s fill out the Continu Total | n Part 1. If more uation Page of |

| Best Version Media Nonpriority Creditor's Name | Last 4 digits of account number | 8485 | \$9,540.00 |
|---|--|--|------------|
| Attn: Legal Department PO Box 505 | When was the debt incurred? | 2016 | |
| Brookfield, WI 53008 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | _ | | |
| | As of the date you file, the claim i | | |
| | ☐ Contingent | | |
| | ☐ Unliquidated | | |
| | ☐ Disputed | | |
| | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? ■ | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | ■ Other. Specify for former | g services (personal guarantee business, US Mattress) | |
| Chase | Last 4 digits of account number | 2119 | \$535.00 |
| Nonpriority Creditor's Name PO Box 15298 | When was the debt incurred? | 2015 | |
| Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u></u> | |
| Citi Cards/CBNA | Last 4 digits of account number | 2822 | \$6,836.00 |
| Nonpriority Creditor's Name PO Box 6241 Sioux Falls, SD 57117 | When was the debt incurred? | 2006 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | ■ Other. Specify Credit Card | 1 | |

| Consumers Energy | | | |
|--|--|---|------------|
| Consumers Energy Nonpriority Creditor's Name | Last 4 digits of account number | 7051 | \$758.00 |
| Attn: Legal Dept. One Energy Plaza Jackson, MI 49201 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify Utilities | | |
| Discover Financial Services LLC Nonpriority Creditor's Name | Last 4 digits of account number | 8458 | \$9,748.00 |
| PO Box 15316 Wilmington, DE 19850 | When was the debt incurred? | 2009 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit Card | | |
| Discover Financial Services LLC | Last 4 digits of account number | 8091 | \$5.397.00 |
| Nonpriority Creditor's Name PO Box 15316 | When was the debt incurred? | 2006 | ψ3,337.00 |
| Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | I | |

| | Robert L Solwold Amanda J Solwold | | Case number (if know) | |
|---|---|--|--|-------------|
| | E-Z Cash 1 Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 9967 | \$1,200.00 |
| | 2227 E. Hill Rd. #A Grand Blanc, MI 48439 | When was the debt incurred? | 2017 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Cash Adva | nce | |
| | Eva Sutton | Last 4 digits of account number | | \$11,000.00 |
| | Nonpriority Creditor's Name 1349 Fieldcrest Ct. Flint, MI 48507 | When was the debt incurred? | 2/2017 | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify Loan | | |
| U | Farmers Insurance Group FCU | Last 4 digits of account number | 8630 | \$31,677.00 |
| | Nonpriority Creditor's Name PO Box 36911 | When was the debt incurred? | 2016 | |
| | Los Angeles, CA 90036 Number Street City State Zlp Code | As of the date you file, the claim | s. Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Loan | | |

| Grand Blanc Town Center Developer Parcel | Last 4 digits of account number | <u> </u> | \$0.00 |
|--|--|--|-------------|
| Nonpriority Creditor's Name 28470 Thirteen Mile Rd. Suite 220 | When was the debt incurred? | 9/2016 | |
| Farmington Hills, MI 48334 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not | |
| No | Debts to pension or profit-shari | ing plans, and other similar debts | |
| ☐ Yes | _ creditor & | NLY - lease between above RLS1 Property Holdings LLC d not personally guarantee) | |
| Grete Armour | Lock A dimits of account number | | \$75,000.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ10,000.00 |
| 4011 Murray St. Grand Blanc, MI 48439 | When was the debt incurred? | 2016 & 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-shari | ing plans, and other similar debts | |
| Yes | Other. Specify Loan | | |
| Home Depot/CBNA | Last 4 digits of account number | 8836 | \$2,443.00 |
| Nonpriority Creditor's Name PO Box 6497 | When was the debt incurred? | 2012 | |
| Sioux Falls, SD 57117 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Unliquidated | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a sep | ed claim: paration agreement or divorce that you did not | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Type of NONPRIORITY unsecure Student loans | paration agreement or divorce that you did not | |

| | | 4500 | |
|--|---|--|----------|
| Intuit QuickBooks Nonpriority Creditor's Name | Last 4 digits of account number | 4528 | \$2,993. |
| Attn: Collections 21215 Burbank Blvd. Suite 100 | When was the debt incurred? | 2016 | |
| Woodland Hills, CA 91367 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Accounting for former I | g services (personal guarantee business, US Mattress) | |
| Jeff Tufford | Last 4 digits of account number | | \$5,600. |
| Nonpriority Creditor's Name 8190 Burleigh Rd. | When was the debt incurred? | 6/2017 | |
| Grand Blanc, MI 48439 | when was the dept incurred: | 0/2017 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Loan | | |
| Kohl's | Last 4 digits of account number | 7135 | \$1,217. |
| Nonpriority Creditor's Name PO Box 3115 Milwaukee, WI 53201 | When was the debt incurred? | 2005 | |
| Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ■ Other. Specify Credit Card | _ | |

| Robert L Solwold Amanda J Solwold | | Case number (if know) | |
|---|---|--|-------------|
| Law Offices of Maynard F. Newman PLLC | Last 4 digits of account number | 0298 | \$971.50 |
| Nonpriority Creditor's Name 10801 S. Saginaw St. | When was the debt incurred? | 2017 | |
| Suite G | | | |
| Grand Marais, MI 49839 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Legal fees | | |
| Lynda Church | Last 4 digits of account number | | \$15,000.00 |
| Nonpriority Creditor's Name 4512 American Heritage Rd. | When was the debt incurred? | 7/2016 | |
| Grand Blanc, MI 48439 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Loan | | |
| Majestic Lake Financial Inc. | Last 4 digits of account number | 8908 | \$335.00 |
| Nonpriority Creditor's Name 635 East Hwy 20, K | When was the debt incurred? | 2016 | · |
| Upper Lake, CA 95485 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | Пол | | |
| | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | l claim: | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i Ciaiiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | port do priority didinio | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |

| Makes Cents Inc. d/b/a MaxLend | Last 4 digits of account number | 0923 | \$1,050.00 |
|---|--|---|-------------|
| Nonpriority Creditor's Name PO Box 639 Porch all ND 58770 | When was the debt incurred? | 2016 | |
| Parshall, ND 58770 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separareport as priority claims | ation agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | plans, and other similar debts | |
| Yes | Other. Specify Loan | | |
| Matt Cheng | Last 4 digits of account number | | \$5,000.00 |
| Nonpriority Creditor's Name 1657 Covington Woods Lane | When was the debt incurred? | 7/2017 | |
| Lake Orion, MI 48360 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | |
| Who incurred the debt? Check one. | , | 7 | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separa | ation agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | plans, and other similar debts | |
| ☐ Yes | Other. Specify Loan | | |
| Mattress By Appointment LLC | Last 4 digits of account number | | \$30,000.00 |
| Nonpriority Creditor's Name PO Box 8560 | When was the debt incurred? | 2016 | |
| Greenville, SC 29604 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | |
| Who incurred the debt? Check one. | , | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | unione and other circles delta | |
| No | ☐ Debts to pension or profit-sharing | | |
| Yes | | nal guarantee for former S Mattress) | |

| Pentagon FCU | Last 4 digits of account number | 0319 | \$6,711.00 | | | |
|---|---|--|------------|--|--|--|
| Nonpriority Creditor's Name PO Box 456 | When was the debt incurred? | 2009 | | | | |
| Alexandria, VA 22313 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | |
| At least one of the debtors and another | Student loans | u Claiiii. | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | at of a separation agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | | | | |
| □ Yes | Other. Specify Credit Card | | | | | |
| | | | | | | |
| Richard Winkler Nonpriority Creditor's Name | Last 4 digits of account number | | \$5,000.00 | | | |
| 4493 Crimson Ct. Grand Blanc, MI 48439 | When was the debt incurred? | 1/2017 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | | | | |
| ☐ Yes | Other. Specify Loan | | | | | |
| Sams/SYNCB | Last 4 digits of account number | 7205 | \$3,326.00 | | | |
| Nonpriority Creditor's Name | | | ***,****** | | | |
| Attn: Bankruptcy Department PO Box 965005 | When was the debt incurred? | 2014 | | | | |
| Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | 76 of the date you me, the claim. | o. Chook an that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| □ Yes | ■ Other. Specify Credit Card | 1 | | | | |

| | or 1 Robert L Solwold or 2 Amanda J Solwold | Case number (if know) | Case number (if know) | | | |
|-----|--|--|--|--|--|--|
| 4.2 | Sprint | Last 4 digits of account number | \$1,000.00 | | | |
| 6 | Nonpriority Creditor's Name | | Ψ1,000.00 | | | |
| | PO Box 4600 | When was the debt incurred? 2016 | | | | |
| | Reston, VA 20195 | - Acceptate to the control of the co | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | | | | | |
| | _ ′ | Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | <u> </u> | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ■ No | | | | | |
| | Yes | Other. Specify Fees | | | | |
| 4.2 | Square Capital LLC | | \$1,684.93 | | | |
| 7 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ1,004.33 | | | |
| | 1455 Market Street, Suite 600 San Francisco, CA 94103 | When was the debt incurred? 2016 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | or profit-sharing plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Loan | | | | |
| 4.2 | Townsquare Media - Flint | | \$2,000.00 | | | |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ2,000.00 | | | |
| | 3338 E Bristol Rd. | When was the debt incurred? 2016 | | | | |
| | Burton, MI 48529 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Advertising services (personal guarantee for former business, US Mattress) | | | | |
| | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 12

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | Robert L Solwold Amanda J Solwold | | Case number (if know) | |
|-----------------------|---|------------------------------------|--|--|
| Name and Address On w | | On which entry in Part 1 or Part 2 | did you list the original creditor? | |
| 698 1/2 | Management Services LP South Ogden St. | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims | |
| виттаю, | NY 14206 | Last 4 digits of account number | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| Tatal | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 15,702.01 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 15,702.01 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 237,142.80 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 237,142.80 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|------------|--------------------------------------|
| Debtor 1 | Robert L Solwold | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Amanda J Solwo | ld | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is at amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Consumers Energy Attn: Legal Dept. One Energy Plaza Jackson, MI 49201 | Utility services - Debtors REJECT the contract (for account #100053497051) |
| 2.2 | GM Financial PO Box 1181145 Arlington, TX 76096 | Auto Lease - 2016 Chevrolet Silverado - Debtors ASSUME the lease |
| 2.3 | Maple Saginaw Investments LLC PO Box 190331 Burton, MI 48529 | Office space lease - 108 Grand Blanc Rd. Grand Blanc, MI 48439 - Debtors REJECT the lease |

| Fill in thi | s information to identify your | case: | | | | |
|-----------------------------|--|--|---|--|---------------------------------------|-------------|
| Debtor 1 | Robert L Solwold | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, fi | Amanda J Solwol First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | | |
| Case nun | nber | | | | | |
| (if known) | | | | | ☐ Check if this is | |
| | | | | | amended filing | g |
| Officia | al Form 106H | | | | | |
| Sche | dule H: Your Code | ebtors | | | | 12/15 |
| 1. Do □ No ■ Ye 2. Wi Arizo | | . Answer every question. /ou are filing a joint case, of lived in a community proposed in a communit | do not list either spouse a operty state or territory erto Rico, Texas, Washin | s a codebtor. ? (Community propen | ty states and territories inc | |
| in lin Form | olumn 1, list all of your codebto e 2 again as a codebtor only if a 106D), Schedule E/F (Official Column 2. | that person is a guaran | tor or cosigner. Make sı | ire you have listed t | he creditor on Schedule | D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zlf | ² Code | | Column 2: The cre Check all schedul | editor to whom you owe es that apply: | the debt |
| 3.1 | RLS1 Property Holdings L 108 Grand BLanc Rd. Grand Blanc, MI 48439 | LC | | ☐ Schedule D, I☐ Schedule E/F☐ Schedule G☐ Maple Saginaw | , line | |

| Debtor 1 | tion to identify your case: Robert L Solwold | |
|--------------------------------------|---|---|
| Debtor 2 (Spouse, if filing) | Amanda J Solwold | |
| United States Ban | nkruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo | <u>rm 106l</u> | MM / DD/ YYYY |
| Schedule | I: Your Income | 12/15 |
| supplying correct spouse. If you are | nd accurate as possible. If two married people are filing together (Deb t information. If you are married and not filing jointly, and your spouse e separated and your spouse is not filing with you, do not include info sheet to this form. On the top of any additional pages, write your nam | e is living with you, include information about your rmation about your spouse. If more space is needed, |

Part 1: Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. □ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed Not employed information about additional employers. Occupation RN Include part-time, seasonal, or **Genesee County Sheriff's** self-employed work. Employer's name Office Occupation may include student or homemaker, if it applies. **Employer's address** 1002 South Saginaw St Flint, MI 48502 How long employed there? 1 week

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,893.33 0.00 2. 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 3. 1,768.00 Calculate gross Income. Add line 2 + line 3. 7,661.33 \$ 0.00

Debtor 1 Robert L Solwold Amanda J Solwold

Case number (if known)

| | | | | | For | Debtor 1 | | | Debtor : | | |
|-----|-----------------|--|-----------------------|------------|------------|------------|----------|---------|----------------|-------------------|-----------------|
| | Copy | y line 4 here | | 4. | \$ | 7,661. | 33 | \$ | 9 0 | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | | 5a. | \$ | 1,723. | 80 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | | 5b. | \$ | 0. | 00 | \$ | | 0.00 | • |
| | 5c. | Voluntary contributions for retirement plans | | 5c. | \$ | | 00 | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | | 5d. | \$ | | 00 | \$ | | 0.00 | |
| | 5e. 5f. | Insurance | | 5e. | \$ \$ | 433. | | \$ | | 0.00 | |
| | 5ı. 5g. | Domestic support obligations Union dues | | 5f. 5g. | \$ | | 00 00 | \$ | | 0.00 | |
| | 5g. 5h. | Other deductions. Specify: | | 5h.+ | · — | | 00 - | | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+ | 5g+5h. | 6. | \$ | 2,157. | | \$ | | 0.00 | • |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from | line 4. | 7. | \$ | 5,504. | 20 | \$ | | 0.00 | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a profession, or farm Attach a statement for each property and business showi receipts, ordinary and necessary business expenses, and monthly net income. | ng gross | 8a. | \$ | 0 | 00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | | 8b. | \$ | | 00 | \$ | | 0.00 | • |
| | 8c. | Family support payments that you, a non-filing spous regularly receive Include alimony, spousal support, child support, maintena | • | | · <u>—</u> | | | · | | | |
| | 0.1 | settlement, and property settlement. | | 8c. | \$ | | 00 | \$ | | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | | 8d. 8e. | \$_ \$ | | 00 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receinclude cash assistance and the value (if known) of any nothat you receive, such as food stamps (benefits under the Nutrition Assistance Program) or housing subsidies. Specify: SSDI | on-cash assistance | 8f. | \$ | 0. | 00 | \$ | ļ | 547.00 | |
| | 8g. | Pension or retirement income | | 8g. | \$ | 0. | 00 | \$ | | 0.00 | • |
| | 8h. | Other monthly income. Specify: 1/12 annual tax re | funds | 8h.+ | \$ | 0. | 01 - | + \$ | | 0.00 | • |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | | 9. | \$ | 0. | 01 | \$ | | 547.00 | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing | spouse. | 0. \$ | ţ | 5,504.21 | \$_ | 54 | 47.00 | = \$ | 6,051.21 |
| 11. | Inclu- other | e all other regular contributions to the expenses that you de contributions from an unmarried partner, members of your friends or relatives. ot include any amounts already included in lines 2-10 or an include any amounts already included in lines and amounts already included in lines and amounts already included in lines are already and already included in lines are | our household, your d | epen | | | | | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount of that amount on the Summary of Schedules and Statistical es | | | | | | | 12. | \$ | 6,051.21 |
| 13. | Do y | ou expect an increase or decrease within the year after No. | you file this form? | | | | | | | Combir monthly | ned y income |
| | | Yes. Explain: Debtor husband just started wor received a paycheck yet. The an expects to work 40 hours/week a | nounts listed on S | Sche | l əluk | are his go | ood | faith e | | | |

| EXII | in this inform | ation to identify yo | our caca: | | | | | |
|------------|----------------------------|--|--------------------------|---|--|--------------|-------------------|---|
| | otor 1 | Robert L Sol | | | | Chec | k if this is: | |
| | 7.01 | Robert L 30 | iwoiu | | | | An amended filing | |
| | otor 2 ouse, if filing) | Amanda J S | olwold | | | | | wing postpetition chapter the following date: |
| Unit | ted States Bank | kruptcy Court for the | EASTE | RN DISTRICT OF MICHIG | SAN | = | MM / DD / YYYY | |
| | se numbe r nown) | | | | | | | |
| | | orm 106J | _ | | | | | |
| Be info | as complete ormation. If r | | s possible eded, atta | . If two married people ar ich another sheet to this | | | | |
| Par 1. | t 1: Desc Is this a joi | ribe Your House | ehold | | | | | |
| ١. | □ No. Go t | | | | | | | |
| | _ | es Debtor 2 live | in a conar | ata housahold? | | | | |
| | | | iii a sepai | ate nousenoiu: | | | | |
| | ■ 1 □ ` | | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | hold of Debt | or 2. | |
| 2. | Do you hav | ve dependents? | □ No | | | | | |
| | Do not list I Debtor 2. | Debtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | e the | | | | | | □ No |
| | dependents | | | | Daughter | | 4 | Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | 4 | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | expenses (| penses include of people other t nd your depende | han _— | No Yes | | | | 1 103 |
| Est | imate your e | a date after the | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | ch assistance an | | government assistance i cluded it on Schedule I: \ | | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 0.00 |
| | If not inclu | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | 4c. Hom | e maintenance, re | epair, and ι | ıpkeep expenses | | 4c. \$ | | 100.00 |
| _ | | eowner's associat | | | | 4d. \$ | | 0.00 |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ 2,414.63

Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

| Fill in this info | rmation to identify your | r case: | | | | | |
|-----------------------------------|--|----------------------------|--------------|---------|---|--------|--|
| Debtor 1 | Robert L Solwol | d | | | | | |
| | First Name | Middle Name | Las | st Name | | | |
| Debtor 2 | Amanda J Solwo | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | st Name | | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | OF MICHIGA | ·Ν | | | |
| Case number | | | | | | | |
| (if known) | | | | | | | Check if this is an amended filing |
| Official For | | | Dobt | - ul - | Cabadulaa | | |
| Declara | tion About a | <u>an Individual</u> | Debt | or s | Schedules | | 12/15 |
| obtaining mone years, or both. | | in connection with a bank | | | edules. Making a false stat esult in fines up to \$250,0 | | |
| Did you pa | ay or agree to pay som | eone who is NOT an attor | rney to help | you fil | I out bankruptcy forms? | | |
| ■ No | | | | | | | |
| ☐ Yes. | Name of person | | | | | | tition Preparer's Notice, ature (Official Form 119) |
| that they a | alty of perjury, I declare re true and correct. bert L Solwold | e that I have read the sum | | | es filed with this declarati | on and | |
| | rt L Solwold | | | | nda J Solwold | | |
| Signatu | ure of Debtor 1 | | | Signat | ture of Debtor 2 | | |
| Date | September 18, 2017 | | | Date | September 18, 2017 | | |
| | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| C:II :. | thic inform | ation to identify you | | | | |
|------------------------|---------------------|--|--|---|---|---|
| | | nation to identify you | | | | |
| Debto | or 1 | Robert L Solwol First Name | Middle Name | Last Name | | |
| Debte | or 2 | Amanda J Solwo | old | | | |
| (Spous | e if, filing) | First Name | Middle Name | Last Name | | |
| Unite | d States Bar | kruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| Case (if know | number | | | | | Check if this is an Imended filing |
| Sta Be as inform | complete a | of Financial | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup y additional pages, write you | |
| Part | 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. V | Vhat is your | current marital statu | ıs? | | | |
| | Married Not marr | ried | | | | |
| 2. C | Ouring the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | |
| • | ■ No □ Yes. List | t all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>i</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territor ico, Texas, Washington and V | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | • | , |
| Part : | 2 Explain | n the Sources of You | r Income | | | |
| F | ill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| _ | □ No | | | | | |
| | ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$49,978.39 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | Operating a husiness | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | | | | | | Debtor 1 | | | | | Debtor 2 | | |
|-----------|----------------------|--------------------------------------|----------------------------------|-------------------------------|--|--|---|--|--|-----------------------------|------------------------------------|--------------------------|---|
| | | | | | | Sources of Check all th | | | income e deductions and ions) | | Sources of inco | | Gross income (before deductions and exclusions) |
| | | calen y 1 to | | | 31, 2016) | ☐ Wages, bonuses, tip | commissions, | | Unknowr | | ☐ Wages, comr bonuses, tips | missions, | \$0.00 |
| | | | | | | Operatir | ng a business | | | | Operating a b | ousiness | |
| | | | | | fore that: 31, 2015) | ■ Wages, bonuses, tip | commissions, | | \$197,703.00 | | ☐ Wages, comr bonuses, tips | missions, | \$0.00 |
| | | | | | | ■ Operatir | ng a business | | | | Operating a b | ousiness | |
| 5. | Inclu and winn | ude ind other nings. each s | come publi If you sourc | regard c bene u are fil | dless of wheth fit payments; ing a joint cas the gross inco | er that incompensions; rer e and you ha | ie is taxable. Ex ital income; inte | amples of erest; divid- you receiv | | e alim lected it only | I from lawsuits; r | oyalties; and btor 1. | curity, unemployment, gambling and lottery |
| | | | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | | | Sources of Describe be | | each s | income from source e deductions and ions) | ; | Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) |
| | | | | | nt year until nkruptcy: | Rental Inc | ome | | \$6,300.00 |) | SSDI | | \$4,923.00 |
| | | calen y 1 to | | | 31, 2016) | Rental Inc | ome | | \$10,800.00 |) | SSDI | | \$6,564.00 |
| | | | | | fore that: 31, 2015) | Rental Inc | ome | | \$10,800.00 |) ; | SSDI | | \$6,552.00 |
| Par 6. | t 3: Are □ | | r Dek | otor 1's | or Debtor 2 | 's debts prin | e You Filed for narily consume primarily cons | er debts? | | ebts a | re defined in 11 | U.S.C. § 101 | (8) as "incurred by an |
| | | | indi | vidual _l | primarily for a | personal, far | nily, or househo | old purpos | e." | | | Ū | , |
| | | | _ | • | 90 days befo | re you filed fo | or bankruptcy, d | lid you pay | any creditor a to | otal of | f \$6,425* or more | e? | |
| | | | | No. Yes | Go to line 7 | | | tal a rarati | (fto 405* | | | | . (-(-) |
| | | | | | paid that cre not include | editor. Do not payments to | include payme an attorney for t | nts for dor this bankru | nestic support ob uptcy case. | oligati | ons, such as chi | ld support ar | e total amount you nd alimony. Also, do |
| | _ | | | • | • | | | | at for cases filed of | on or | after the date of | adjustment. | |
| | | Yes. | | | | | primarily consor or bankruptcy, d | | ts. | otal of | f \$600 or more? | | |
| | | | | No. | Go to line 7 | | | | | | | | |
| | | | | Yes | include pay | | mestic support o | | of \$600 or more a , such as child su | | | | creditor. Do not not not not not not not not not no |
| | Cre | editor' | 's Na | me an | d Address | 1 | Dates of payme | ent | Total amount paid | 4 | Amount you still owe | Was this p | ayment for |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

☐ Yes. Fill in the information below

Creditor Name and Address Describe the Property Date Value of the property **Explain what happened**

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debto Debto | | | Case numbe | r (if known) | | | | | |
|----------------|---|--------|--|-----------------------------------|-------------------------|--|--|--|--|
| a | Vithin 90 days before you filed for bankru ccounts or refuse to make a payment bed ■ No | | , did any creditor, including a bank or financial ir e you owed a debt? | nstitution, set off any a | amounts from your | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| (| Creditor Name and Address | D | escribe the action the creditor took | Date action was taken | Amount | | | | |
| | Vithin 1 year before you filed for bankrupt ourt-appointed receiver, a custodian, or a | | was any of your property in the possession of an ner official? | assignee for the bend | efit of creditors, a | | | | |
| | No No | | | | | | | | |
| | Yes | | | | | | | | |
| Part 5 | List Certain Gifts and Contributions | • | | | | | | | |
| l3. V | Vithin 2 years before you filed for bankrup ■ No | ptcy, | did you give any gifts with a total value of more | than \$600 per person | ? | | | | |
| _ | Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person |) | Describe the gifts | Dates you gave the gifts | Value | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| _ | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? □ No | | | | | | | | |
| | Yes. Fill in the details for each gift or cor | ntribu | ıtion. | | | | | | |
| 1 | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | | |
| • | New Heights Baptist Church 10293 Dixie Hwy Holly, MI 48442 | | money (tithes) - total amount is an estimate | 2016 | \$3,500.00 | | | | |
| ; | Heritage Baptist Church 5199 Hill Rd. Grand Blanc, MI 48439 | | money (tithes) - total amount is an estimate | 2017 | \$500.00 | | | | |
| Part 6 | 6: List Certain Losses | | | | | | | | |
| 15. V | | tcy o | r since you filed for bankruptcy, did you lose any | ything because of the | t, fire, other disaster | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | how the loss occurred | | ribe any insurance coverage for the loss | Date of your loss | Value of property lost | | | | |
| | II. | | le the amount that insurance has paid. List pending ance claims on line 33 of <i>Schedule A/B: Property</i> . | 1000 | 1001 | | | | |
| Part 7 | 7: List Certain Payments or Transfers | | | | | | | | |
| С | onsulted about seeking bankruptcy or pr | repar | did you or anyone else acting on your behalf pay ing a bankruptcy petition? ers, or credit counseling agencies for services require | | rty to anyone you | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| 1 | Person Who Was Paid Address Email or website address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | |
| ı | Person Who Made the Payment, if Not Yo | ou | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | ebtor 1 Robert L Solwold ebtor 2 Amanda J Solwold | | Ca | ase number | (if known) | | | | | | |
|-----|--|---|---|-------------|--|---|--|--|--|--|--|
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and transferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | | | | | |
| | GreenPath Debt Solutions 36500 Corporate Dr. Farmington Hills, MI 48331 www.greenpathbk.org | | | | 9/14/2017 | \$25.00 | | | | | |
| | Law Office of Troy D. Green PLLC 2290 E. Hill Rd., Suite 105 Grand Blanc, MI 48439 troy@attorneygreen.com | retainer/filing fo | ee | | 9/18/2017 | \$310.00 | | | | | |
| 17. | promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | | |
| | No This is a second of the sec | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | • | | | | | |
| | Person Who Was Paid Address | transferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment | | | | | |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already | siness or financial affa le as security (such as | airs? the granting of a sec | | | | | | | | |
| | No No | | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Received Transfer Address | · · | Description and value of property transferred payments paid in ex | | | Date transfer was made | | | | | |
| | Person's relationship to you | | | | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | | |
| | Name of trust | Description and | alue of the proper | ty transfer | red | Date Transfer was made | | | | | |
| Pai | rt 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposi | t Boxes, and Stora | ige Units | | | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | | Last 4 digits of account number | Type of account instrument | cl | ate account was osed, sold, oved, or | Last balance before closing or transfer | | | | | |

Official Form 107

Huntington Bank

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Checking

☐ Savings ■ Money Market ☐ Brokerage ☐ Other_

XXXX-

\$800.00

transferred

June 2017

Debtor 1 Robert L Solwold Debtor 2 Amanda J Solwold

Case number (if known)

| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | r before you filed for bankruptcy, a | ny safe deposit box or other deposito | ory for securities, |
|-----|---|---|---------------------------------------|-----------------------|
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | lace other than your home within 1 | year before you filed for bankruptcy | ? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | t 10: Give Details About Environmental Inform | , | | |
| For | the purpose of Part 10, the following definitions | apply: | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | <u> </u> | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic s | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they occurred. | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No | | | | | | | | | |
|-----|---|---|---|--|--|--|--|--|--|--|
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case Status of the case | | | | | | | |
| Par | t 11: Give Details About Your Business or | Connections to Any Business | | | | | | | | |
| 27. | Within 4 years before you filed for bankrupt | cy, did you own a business or have any | of the following connections to any business? | | | | | | | |
| | ■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | ■ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | | |
| | ☐ An officer, director, or managing ex | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | ☐ No. None of the above applies. Go to F | Part 12. | | | | | | | | |
| | ■ Yes. Check all that apply above and fill | | | | | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | | | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | | | | | |
| | Sleephead Mattress By | mattress sales (no longer in | EIN: 47-4086815 | | | | | | | |
| | Appointment 5414 S. Saginaw Rd. Grand Blanc, MI 48439 | operation) | From-To 2016 | | | | | | | |
| | US Mattress/Beacon Retail | mattress sales (no longer in | EIN: SSN | | | | | | | |
| | 6228 Saginaw Rd. Grand Blanc, MI 48439 | operation) | From-To June 2016 - June 2017 | | | | | | | |
| | Robert L. Solwold Agency LLC | insurance (no longer in operation |) EIN: SSN | | | | | | | |
| | 108 Grand Blanc Rd Grand Blanc, MI 48439 | | From-To April 2016 - August 2017 | | | | | | | |
| | RLS1 Property Holdings LLC 6599 Kings Pointe Rd. | property management (no longer in operation) | EIN: SSN | | | | | | | |
| | Grand Blanc, MI 48439 | in operation) | From-To 2016 - present | | | | | | | |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to | o anyone about your business? Include all financial | | | | | | | |
| | No | | | | | | | | | |
| | Yes. Fill in the details below. | Data lacuad | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | | | |

| Debtor 1 | Robert L Solwold | | |
|----------------------|---|-------------|---|
| Debtor 2 | Amanda J Solwold | | Case number (if known) |
| Part 12: | Sign Below | | |
| are true a | | statement | nd any attachments, and I declare under penalty of perjury that the answers, concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both. |
| /s/ Robe | ert L Solwold | /s/ An | nanda J Solwold |
| Robert | L Solwold | Aman | da J Solwold |
| Signatur | e of Debtor 1 | Signat | ture of Debtor 2 |
| Date S | eptember 18, 2017 | Date | September 18, 2017 |
| Did you a ■ No □ Yes | ttach additional pages to Your Statement of F | Financial / | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you p ■ No | ay or agree to pay someone who is not an att | orney to | help you fill out bankruptcy forms? |
| ☐ Yes. N | ame of Person . Attach the Bankruptcy Pe | etition Pre | parer's Notice, Declaration, and Signature (Official Form 119). |

United States Bankruptcy Court Eastern District of Michigan

| In re | Robert L Solwold Amanda J Solwold | | Case No. | | |
|-------|--------------------------------------|-----------|----------|----|--|
| | | Debtor(s) | Chapter | 13 | |

STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

| 1. | The undersigned is the attorney for the Debtor(s) in this case. | |
|----|---|--|
|----|---|--|

| 2. | The comper | nsation pa | id or agreed | to be r | oaid by the | e Debtor(s) | to the under | rsigned is: | [Check one] |
|----|------------|------------|--------------|---------|-------------|-------------|--------------|-------------|-------------|
| | | | | | | | | | |

[**X**] FLAT FEE For legal services rendered in contemplation of and in connection with this case, A. 3,500.00 В. 0.00 C. 3,500.00 D. The total charge for Attorney fees and costs up to and including the confirmation hearing may exceed the flat fee stated in 2.A. If the total fees and costs expended on your behalf exceed the flat fee stated in 2.A., then an Application for Attorney Fees will be filed with the court and you will be provided with notice and the opportunity to review the fees and object. Circumstances which can lead to the Law Office of Troy D. Green PLLC electing to file a fee application include, but are not limited to, missed or additional hearings, objections to proof of claims, objections to Plans, motions for relief from stay, annual case review, and other factors that the Law Office of Troy D. Green PLLC may not be able to anticipate at the time of consultation and/or preparation of documents. E. The flat rate does NOT include any work performed on your behalf post-confirmation. Work performed on your behalf after confirmation of your case will be billed at an hourly rate (see B. below) and an Application for Attorney Fees will be filed with the court and you will be provided with notice and the opportunity to review the fees and object. Attorney fees are non-contingent based. In the event of early termination of the case via dismissal, voluntary dismissal, case conversion, etc., an Application for Attorney Fees will be filed with the court for work performed. [] RETAINER A. The undersigned shall bill against the retainer at an hourly rate of \$_205.00__. [Or attach firm hourly rate schedule.] B. Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- \$ **310.00** of the filing fee has been paid. 3.
- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in A.
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - E.-Reaffirmations;
 - Redemptions; E
 - Other:
- 5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Judicial lien avoidances.

| 6. | The source of payments to the undersigned was from: | | | | |
|---------|--|-------------------------------------|---------------------------------------|--|--|
| | A. XX | Debtor(s)' earnings, wages, compe | nsation for services performed | | |
| | В. | Other (describe, including the iden | tity of payor) | | |
| 7. | The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows: | | | | |
| Dated: | September 18, 2017 | , | /s/ Troy D. Green | | |
| | | | Attorney for the Debtor(s) | | |
| | | | Troy D. Green P73151 | | |
| | | | Law Office of Troy D. Green PLLC | | |
| | | | 2290 E. Hill Rd., Suite 105 | | |
| | | | Grand Blanc, MI 48439 | | |
| | | | (810) 730-5125 troy@attorneygreen.com | | |
| Agreed: | /s/ Robert L Solwol | d | /s/ Amanda J Solwold | | |
| | Robert L Solwold | | Amanda J Solwold | | |
| | Debtor | | Debtor | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Robert L Solwold Amanda J Solwold | | Case No. | |
|---------|--------------------------------------|---|----------|---------------------|
| | Amanaa o oowola | Debtor(s) | Chapter | 13 |
| The abo | | TELECTION OF CREDITOR M | | of their knowledge. |
| Date: | September 18, 2017 | /s/ Robert L Solwold Robert L Solwold Signature of Debtor | | |
| Date: | September 18, 2017 | /s/ Amanda J Solwold Amanda J Solwold | | |

Signature of Debtor

AT&T PO Box 5014 Carol Stream, IL 60197

Best Version Media Attn: Legal Department PO Box 505 Brookfield, WI 53008

Capital Management Services LP 698 1/2 South Ogden St. Buffalo, NY 14206

Chase PO Box 15298 Wilmington, DE 19850

Citi Cards/CBNA PO Box 6241 Sioux Falls, SD 57117

Citimortgage Inc. PO Box 6243 Sioux Falls, SD 57117

Consumers Energy Attn: Legal Dept. One Energy Plaza Jackson, MI 49201

Discover Financial Services LLC PO Box 15316 Wilmington, DE 19850

E-Z Cash 1 Inc. 2227 E. Hill Rd. #A Grand Blanc, MI 48439

ELGA Credit Union 2305 S Center Rd. Burton, MI 48519

Eva Sutton 1349 Fieldcrest Ct. Flint, MI 48507 Farmers Insurance Group FCU PO Box 36911 Los Angeles, CA 90036

GM Financial PO Box 1181145 Arlington, TX 76096

Grand Blanc Town Center Developer Parcel 28470 Thirteen Mile Rd. Suite 220 Farmington Hills, MI 48334

Grete Armour 4011 Murray St. Grand Blanc, MI 48439

Home Depot/CBNA PO Box 6497 Sioux Falls, SD 57117

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101

Intuit QuickBooks Attn: Collections 21215 Burbank Blvd. Suite 100 Woodland Hills, CA 91367

Jeff Tufford 8190 Burleigh Rd. Grand Blanc, MI 48439

Kohl's PO Box 3115 Milwaukee, WI 53201

Law Offices of Maynard F. Newman PLLC 10801 S. Saginaw St. Suite G Grand Marais, MI 49839

Lincoln Financial 1 The American Rd. Mail Drop 7340 Dearborn, MI 48126

Lynda Church 4512 American Heritage Rd. Grand Blanc, MI 48439

Majestic Lake Financial Inc. 635 East Hwy 20, K Upper Lake, CA 95485

Makes Cents Inc. d/b/a MaxLend PO Box 639 Parshall, ND 58770

Maple Saginaw Investments LLC PO Box 190331 Burton, MI 48529

Matt Cheng 1657 Covington Woods Lane Lake Orion, MI 48360

Mattress By Appointment LLC PO Box 8560 Greenville, SC 29604

Pentagon FCU PO Box 456 Alexandria, VA 22313

Richard Winkler 4493 Crimson Ct. Grand Blanc, MI 48439

RLS1 Property Holdings LLC 108 Grand Blanc Rd. Grand Blanc, MI 48439

Sams/SYNCB Attn: Bankruptcy Department PO Box 965005 Orlando, FL 32896 Sprint PO Box 4600 Reston, VA 20195

Square Capital LLC 1455 Market Street, Suite 600 San Francisco, CA 94103

State of Michigan Dept. of Treasury Collection Division PO Box 30199 Lansing, MI 48909

Townsquare Media - Flint 3338 E Bristol Rd. Burton, MI 48529